UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT IN FORMA PAUPERIS APPLICATION FINANCIAL AFFIDAVIT RET. FRINCIPAL) 07CV7175 JUDGE DARRAH Defendant(s) MAG. JUDGE DENLOW Wherever \square is included, please place an X into whichever box---more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT: I, KEGINALO 7: HREDAUM declare that I am the plaintiff petitioner provant) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or \square in support of my motion for appointment of counsel, or \square both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury: (If "No," go to Question 2) 1. Are you currently incarcerated? □Yes Name of prison or jail: Do you receive any payment from the institution? □Yes □No Monthly amount: 2. Are you currently employed? Monthly salary or wages: Name and address of employer: <u> 160</u> If the answer is "No": a. Date of last employment: Monthly salary or wages: Name and address of last employer: b. Are you married? **⊿**Yes Spouse's monthly salary or wages: Name and address of employer: <

Apart from your income stated above in response to Question 2, in the past twelve months have you 3. or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a.	Salary or wages		□Yes	ŽΝο
Amoun	ıt	Received by		/ \

Amo	□ Business, □ profesount \$ 200	ssion or other self-employment Received by	₹ Yes	
c. Amo	☐ Rent payments, ☐ punt	interest or □ dividends Received by	□Yes	ØNo
d.	compensation, □ une	al security, □ annuities, □ life insuemployment, □ welfare, □ alimony o	or maintenance or □ □Yes	l child support ∐No
Amo	ount	Received by		
	☐ Gifts or ☐ inherit	ances Received by	□Yes	□No
f.	□Any other sources	(state source:Received by) □Yes	ĽNo
Do sav In v	you or anyone else livin ings accounts? whose name held: い	ng at the same residence have more Ves □No □ Relationship to	than \$200 in cash of Cotal amount:you:	or checking or
Do fina Pro	ancial instruments?	ng at the same residence own any : Current Value: Relationship to	□Yes	ÆÍÑ0
Do fina Pro In v Do con Ada Typ In v	you or anyone else livindominiums, cooperatived dress of property: pe of property: whose name held:	Current Value:_	you:Yes real estate (house Yes Ou:	s, apartments,
Do fina Pro In v Do con Ada Typ In v Am Nan	you or anyone else living and of person making payn you or anyone else living dress of property: whose name held: whose name held: whose name held: you or anyone else living payn you or anyone else living payn	Current Value: Relationship to ing at the same residence own any s, two-flats, three-flats, etc.)? Current value: Relationship to y- ge or loan payments:	you:	s, apartments,
Do fina Pro In v Con Ada Typ In v Am Naa Do hor	you or anyone else living and of person making payn you or anyone else living dress of property: whose name held: whose name held: whose name held: you or anyone else living payn you or anyone else living payn	Current Value: Relationship to ing at the same residence own any is, two-flats, three-flats, etc.)? Current value: Current value: Relationship to your or loan payments: ments: Ing at the same residence own any au	you: real estate (house Yes ou: utomobiles, boats, to t value of more than	s, apartments,

I declare under penalty of perjury that the above inforto 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss allegation of poverty is untrue. Date:	rmation is true and correct. I under this case at any time if the course signature of Applic (Print Name)	determines that my
	(Filli Name)	
NOTICE TO PRISONERS: A prisoner must a institutional officer or officers showing all receipts, in the prisoner's prison or jail trust fund accounts. Be covering a full six months before you have filed your in your own accountprepared by each institution w periodand you must also have the Certificate below	expenditures and balances during cause the law requires information lawsuit, you must attach a sheet of there you have been in custody described.	g the last six months in as to such accounts covering transactions uring that six-month
	FICATE applicants only)	÷
`	nstitution of incarceration)	
I certify that the applicant named herein,	, I.D.#	, has the sum of
\$ on account to his/her credit at (na		
I further certify that the applicant has the following s		
certify that during the past six months the applicant		
(Add all deposits from all sources and then divide by		
(a. asposito nom an socios and mon <u>unitar</u> o	,	
DATE:	CLONATURE OF AUTHORIZE	D OFFICER

rev. 10/10/2007

(Print name)